

**APPLICANT** (stamp or sticker acceptable)      **PATIENT NHI:** .....      **REFERRER** Reg No: .....

Reg No: .....      First Names: .....      First Names: .....

Name: .....      Surname: .....      Surname: .....

Address: .....      DOB: .....      Address: .....

.....      Address: .....      .....

.....      .....

Fax Number: .....      Fax Number: .....

**Alectinib**

**Initial application**

Applications only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer
- and**
- There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test
- and**
- Patient has an ECOG performance score of 0-2

**Renewal**

Current approval Number (if known):.....

Applications only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months.

**Prerequisites**(tick boxes where appropriate)

- No evidence of progressive disease according to RECIST criteria
- and**
- The patient is benefitting from and tolerating treatment

**I confirm the above details are correct and that in signing this form I understand I may be audited.**

Signed: ..... Date: .....

Post application to Health New Zealand, Private Bag 3015, Wanganui – email: [customerservice@health.govt.nz](mailto:customerservice@health.govt.nz)